PrEP uptake by race/ethnicity in LA County and California

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Funded by California HIV/AIDS
Research Program (CHRP)

Funded by NIMH
PrEP is part of CA and LA HIV Strategic Plans

- California Department of Public Health, Office of AIDS. (2016). Laying a foundation for getting to zero: California’s integrated HIV surveillance, prevention, and care plan.

- Getting to zero = zero new HIV infections, zero AIDS-related deaths, zero stigma, and discrimination against PLWH

- Californians with an indication for PrEP: 220,000 to 240,000

- In LA Co.: 72,700
LA County: Online PrEP Monitoring PrEP

• Purpose: To monitor PrEP knowledge, additudes and behaviors among priority populations for the CDC PrIDE initiative.

• Sample of Black and Latino MSM and Transgender Persons (TGP) recruited through dating apps

• Conducted annually since 2016

• Key indicators:
  • **PrEP Awareness:** Before today, had you ever heard of PrEP?
  • **Willingness to use PrEP:** If it was available to you, would you be willing to take PrEP daily?
  • **PrEP Use:** In the past 12 months, have you taken PrEP daily for a period of at least one month?
PrEP awareness significantly increased Latino MSM and TGP through 2020 but remained relatively unchanged among Black MSM.

*LMSM and TGP p<0.001

1Collected at baseline in April 2016 and in all follow up surveys (October 2016, February 2017, August 2017, February 2018, July 2018, December 2019, December 2020); MSM recruited via app TGP all sources.
Which Priority Groups Saw Increased PrEP Use?

PrEP use within the past 12-month significantly increased across all groups since 2016*

* p<0.001

Collected at baseline in April 2016 and in all follow up surveys (October 2016, February 2017, August 2017, February 2018, July 2018, December 2019, December 2020); MSM recruited via app TGP all source; TGP data for 2020 not presented due to low sample size
2018 estimates suggest that none of the priority populations in LAC met the EHE PrEP benchmark of at least 50% coverage.

Benchmark: ≥ 50% of estimated persons with an indication for PrEP are prescribed PrEP.

Main Sources: LAC Health Survey 2018 (MSM), NHBS (MSM, WoC), CDC PrEP Indication Calculator, DPH STD Clinics (WoC), DHSP PrEP Survey (MSM, TGP), and DHSP Partner Services (MSM, TGP, WoC)
*Current PrEP use reported by NHBS populations is below EHE benchmark

*PrEP lowest among PWID and HET cycles

*Racial/ethnic differences in PrEP use among MSM and Trans cycles

Benchmark: ≥ 50% of estimated persons with an indication for PrEP are prescribed PrEP

State of CA Medi-Cal Beneficiaries

- Aggregate claims data from the Pharmacy Benefits and Information Management Division of the California Department of Health Care Services (DHCS)
- 2019 identified total enrollee years and PrEP users in each racial/ethnic, sex, and age group, yielding take-up rates.
  - **Beneficiaries**: persons ages 16-69 (inclusive) on full-scope Medi-Cal, not known to be HIV-positive, and not dually enrolled in Medicare
  - **PrEP users**: patients receiving Truvada for greater than 30 days and not receiving any other antiretroviral therapy (ART)
**PrEP-to-need ratio or PnR**

- ratio of the number of PrEP users to the number of people newly diagnosed with HIV
- measurement for whether PrEP use appropriately reflects the need for HIV prevention in a geographic region or demographic subgroup
- calculated by applying CA HIV diagnosis rates within strata for 2018 to our data on person years of Medi-Cal enrollment for each strata
Medi-Cal Beneficiary Estimated PrEP-to-Need Ratios by Sex and Race/Ethnicity

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<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Males</th>
<th>Females</th>
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<tbody>
<tr>
<td>Black</td>
<td>18.5</td>
<td>16.7</td>
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<tr>
<td>Hispanic</td>
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<tr>
<td>White</td>
<td>3.9</td>
<td>18.2</td>
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<tr>
<td>Asian</td>
<td>5</td>
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</tr>
</tbody>
</table>

PrEP-to-Need ratio

- Black
- Hispanic
- White
- Asian
Summary

- (LA Co) Prescriptions are below targets and fairly similar across racial/ethnic groups (e.g., 40-45% for MSM with indications).
- (LA Co) Current PrEP uses shows larger racial/ethnic disparities in MSM (22-36% for those with indications); but higher use in Black and Latina compared with white transgender women.
- (State Medi-Cal) Relative to need, vastly higher rates of uptake observed in
  - White and Asian than Black and Hispanic males
  - White and Asian than Black and Hispanic females, despite Black women’s significantly higher take-up rates
Policy Implications

- Simple looks at PrEP prescriptions tell an incomplete story, traditional risk indicators miss many at risk.
- Efforts to expand PrEP uptake, if implemented without attention to equity, may increase disparities.
- Focused outreach, education, and technical support to Medicaid agencies and Medicaid managed care organizations can increase uptake.
- The lack of Medicaid expansion in states whose populations are disproportionately Black and Hispanic likely to increase disparities.
Policy Questions

CA Senate Bill 159,
• January 1, 2020,
• Allows pharmacists to dispense PrEP (up to a 60-day supply) and increases coverage for PrEP.¹³
• May reduce barriers for those who lack a primary care provider, are concerned about visiting a medical clinic because of COVID-19, or are uncomfortable initiating a PrEP conversation with their primary care providers.

Telehealth
• Do options for mail-order prescriptions, virtual provider visits and HIV/STI testing facilitate PrEP retention?

Trust
• How can providers and agencies shift practices to engender trust?